HYGIENE AND PUBLIC HEALTH

UNDER THE CHARGE OF

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Lessons Taught by Measures for Control of Venereal Diseases.—PIERCE and WHITE (*Jour. Am. Med. Assn.*, 1920, lxxv, 1133) state that closer coöperation should be developed between state boards of health and the Public Health Service, and between state boards of health and local health officers to encourage a uniform method of venereal disease control throughout the United States. It adds much to the effectiveness of any public work to adopt and put into practice a uniform procedure. Uniformity impresses the fact on those that come into contact with the work that definite knowledge is possessed by health authorities. Health authorities should recognize the important part unofficial agencies may take in venereal disease control work if the activities of voluntary organizations are properly supervised. The moral, social and economic phases of venereal disease control work can be materially advanced by organizations and citizens interested in these particular problems. The results so secured will reduce the burden of the control of venereal diseases now largely borne by health officials. Progress will be materially advanced when the medical profession takes more interest in control of venereal disease than it does at the present time. Members of the medical profession should naturally assume leadership in all plans for promoting public health, and there certainly is urgent need for every physician to renew and maintain his interest in all phases of the present program for venereal disease control. Every medical college should provide better facilities for preparing future physicians to have a greater knowledge of the venereal diseases. There is need for a wider development of follow-up work in connection with treating persons infected with venereal diseases. A follow-up staff should be a part of the personnel of every venereal disease specialist. The duties of such a staff are to keep track of patients needing further treatment; to determine sources of infection; to see that precautions to prevent the spread of infections are being observed by patients; to discover other cases among the associates and members of the family of infected persons, and to carry on sociological and psychologic observations that will be of value in limiting the further spread of venereal infections. The question of equal treatment of both male and female infected persons must be placed on a scientific and equitable basis. *All* persons of either sex infected with either gonorrhea or syphilis are a very definite menace to the health of the community in which they reside; and unless infected individuals can be depended on to observe

precautions to prevent the spread of their infection to others, they should be placed under either modified or absolute quarantine restrictions. Careful and thoughtful consideration must be given by physicians, teachers, psychologists and intelligent parents to the question of deciding on the material to be used and the methods of applying instruction to questions of sex and venereal disease prevention. There is no phase of public health work which is attended by greater difficulties and which presents so many various aspects for consideration as does the problem of venereal disease control. Every one who has had actual experience in carrying on any part of the program has been greatly impressed with the tremendous scope and possibilities of the work and deeply realizes the necessity for not only continuing, but for greatly expanding the present plan of action. It can be stated without qualification or doubt that the great mass of intelligent citizens of the United States are deeply interested in this problem and will give their unqualified support to health officers, physicians and others attempting to meet their responsibilities for preventing the spread of venereal diseases.

An Epidemiological Study of an Endemic Focus of Leprosy.—BOYD and FOX (*Public Health Reports*, 1920, xxxv, 3007) have studied leprosy in a Gulf Coast city where the disease has prevailed for about thirty years. The investigation embraces 45 cases, at least 36 of which were infected locally. Males predominated, as in other leprosy foci. The age incidence showed the second decade to furnish more cases than any other, and residence in the focus of from eighteen to twenty years prior to onset was the rule. The tuberculous and mixed types formed the large majority of the cases. It is suggested that not all cases in the focus have come under observation. It seems likely that there are several fairly well-defined foci, other parts being relatively free. Persons of German birth or parentage seem especially susceptible. A history of contact with known lepers was obtained in about half of the cases. The possibility of insect transmission is discussed, but not regarded as likely. There is no official control of leprosy in the focus.

Information Concerning Rat Surveys and Rat Proofing.—The Public Health Service (*Public Health Reports*, 1920, xxxv, 2615) in this paper considers first the disadvantage of rat infestations from the economic, commercial and sanitary points of view, which is followed by a discussion of rat surveys for the detection of plague infection. The number of rats examined should be at least 1000 for every 10,000 of the human population, and a preliminary survey should be made in order that the most promising locations shall be trapped. The rat-proofing of buildings by elevation, to prevent harboring underneath, and by the use of concrete for floors and area walls is described, and model ordinances are presented.

Biological Investigation of California Rice Fields Relative to Mosquito Breeding.—PURDY (*Public Health Reports*, 1920, xxxv, 2556) made a study of the breeding of malaria-carrying mosquitoes in rice fields in California, contrasting the findings with those secured from a similar investigation in Arkansas. The most striking difference

was that while in Arkansas rice fields furnished many *anopheles* they furnished few or none in California. Indeed, no mosquitoes were found to breed in large numbers in the California rice fields. The author expresses the opinion that it is not practicable to control *anopheles* by control of the food supply of the larvæ on account of the diversity of organic matter, living or dead, which serves for the larvæ. The normal enemies of larvæ are described, particularly the top minnows (*Gambusia*) that have been so much used in mosquito control. The prevalence of the various mosquitoe found, and their seasonal distribution, are described.

The Role of Live Stock in Malaria Prophylaxis.—The U. S. Public Health Service (*Public Health Reports*, 1920, xxxv, 2462) quotes from ROUBAUD (original *Annales de l'Institut Pasteur*, 1920, vol. xxxiv) in reference to the possibility that domestic live stock may play a role in the prophylaxis of malaria. It has been noted in parts of western Europe that malaria may disappear without the extinction of malaria-carrying mosquitoes. It is asserted that in certain localities the *anopheles* prefer the blood of cattle, horses, etc., to that of man. It is proposed that advantage be taken of the habits of the *anopheles* and animal prophylaxis be made a part of the program of malaria control.

The Medical Profession and Notifiable Diseases.—BOWMAN (*Public Health Reports*, 1920, xxxv, 2503) details the reasons for requiring reports from medical men on the prevalence of certain diseases. He states that it is necessary to have compliance with the laws and rules on the subject in order that suitable control measures may be taken in the case of diseases that may be made the subject of sanitary control, and that in other cases the reporting is necessary to secure further knowledge of diseases about which we know too little now to be of practical value in their suppression. The following summary is presented: No disease has been placed on the notifiable list arbitrarily or by chance, but each for some definite reason. It therefore behooves every doctor to report every case of each notifiable disease for the following reasons: That the proper authorities may be informed and prevent further spread—That the information gained may be available as evidence of the need of public health work—That further knowledge may be gained as to the etiology and spread of diseases under conditions of which we now have no data—and That the location of areas where certain diseases prevail may be known when it is possible to undertake special measures for their eradication.

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